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Fourth Report of the Homicide Review Panel, 2002

Office of the Maine Attorney General

Maine Commission on Domestic and Sexual Abuse

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STATE OF MAINE



Maine Commission on Domestic and Sexual Abuse

FOURTH REPORT OF THE HOMICIDE REVIEW PANEL

Report to the Joint Standing Committee on Judiciary

February 2002

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INTRODUCTION

This year will be a transition year for the Domestic Violence Homicide Review Panel. While the Panel will continue to operate under the auspices of the Maine Commission on Domestic and Sexual Abuse, the Office of the Attorney General will coordinate the responsibilities of the Panel. Lisa Marchese, an Assistant Attorney General in the Homicide Division will chair the panel and Jeanne Mattson will be staffing the panel. This will improve coordination of case review with the support of staff and resources from the Office of the Attorney General. Because of this transition, this report will include a review of the cases reviewed during 2001 and an overview of all cases reviewed and recommendations made since 1998.

The panel would like to acknowledge the hard work of Mary Lucia of the Department of Public Safety who has staffed the panel for the past two years. Her input has been significant and we would like to thank her for her effort.

ENABLING LEGISLATION

By law effective October 1, 1997, the Legislature charged the Maine Domestic Abuse Commission (hereinafter "commission") with the task of establishing a homicide review panel (hereinafter "panel") to "review the deaths of persons who are killed by family or household members." The legislation mandated that the panel "recommend to state and local agencies methods of improving the system for protecting persons from domestic abuse including modifications of laws, rules, policies and procedures following completion of adjudication." The panel was further mandated "to collect and compile data related to domestic abuse." 19-A M.R.S.A. § 4014.

PANEL MEMBERSHIP

The chair of the commission appoints members of the panel who have experience providing services to victims of domestic abuse. Members shall include at least the following: the Chief Medical Examiner, a physician, a nurse, a law enforcement officer, the Commissioner of Human Services, the Commissioner of Corrections, the Commissioner of Public Safety, a judge assigned by the Chief Justice of the Supreme Judicial Court, a representative of the Maine Prosecutors Association, an Assistant

Attorney General handling child protection cases, a victim witness advocate, a mental health service provider, a facilitator of a certified batterers' intervention program, and three individuals designated by a statewide coalition for family crisis services.

The panel meets on a monthly basis, except during the summer. Cases are pre-selected so that material can be gathered ahead of time and each case takes one to two months for a full review. The case review begins with a report by the investigating officer and the Assistant Attorney General Homicide Prosecutor. Other panel members report on information from the agency or discipline they represent as it relates to the case. Sometimes, other individuals, such as family members, friends, educators, or other providers are asked to come before the panel to offer their perspective about the case. This information can be helpful in providing insights into the case that may not be apparent from the written materials. Once the information is reviewed, the panel takes a systems approach in making recommendations on how this homicide might have been prevented.

HIGHLIGHTS

Significant achievements in the past year that were supported by the panel include:

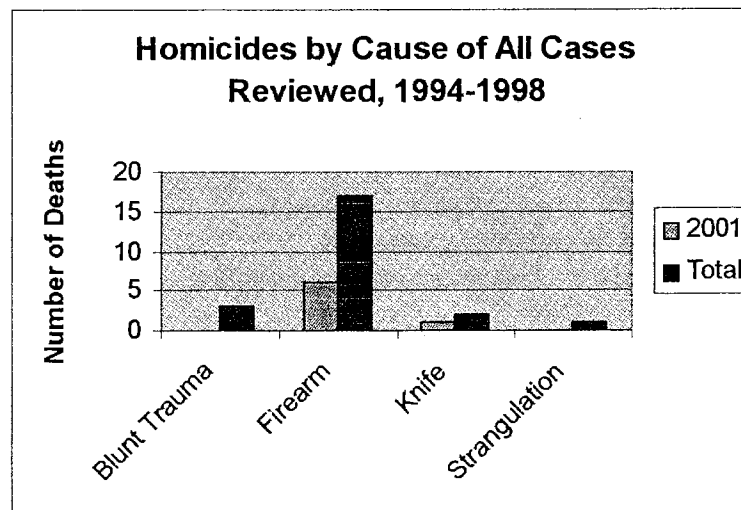
- the passage of Title 17-A M.R.S.A § 1158, which requires forfeiture of a firearm used in a homicide;
- changes in Maine State Police domestic violence response protocol;
- the creation of Maine Employers Against Domestic Violence initiative by the Department of Labor and the Maine Coalition Against Domestic Violence (MCEDV); and,
- The establishment of statewide computerization of domestic violence bail and protection orders.

CASE SUMMARIES

The panel reviewed six domestic violence homicide cases during 2001 that involved seven victims. The cases reviewed included two homicides that occurred in 1999, two in 2000, and three in 2001. Because the panel does not have the ability to review all cases occurring within a particular calendar year, cases are selected to assure

some diversity of geography, circumstances and include those cases that a committee consisting of an Assistant Attorney General within the homicide unit, the Medical Examiner's office, an Assistant District Attorney and the chair of the commission select as being most representative. Additionally, one criterion is that the case was completed, either that there was no prosecution (as in cases where the perpetrator committed suicide) or that a trial or plea had occurred.

Of the cases reviewed in 2001, six victims were killed by firearms and one by a knife. Figure 1 below shows the method of homicide for cases reviewed in 2001 and the total number of cases reviewed from 1998 through 2001. The most common weapon in domestic violence homicides was a firearm.



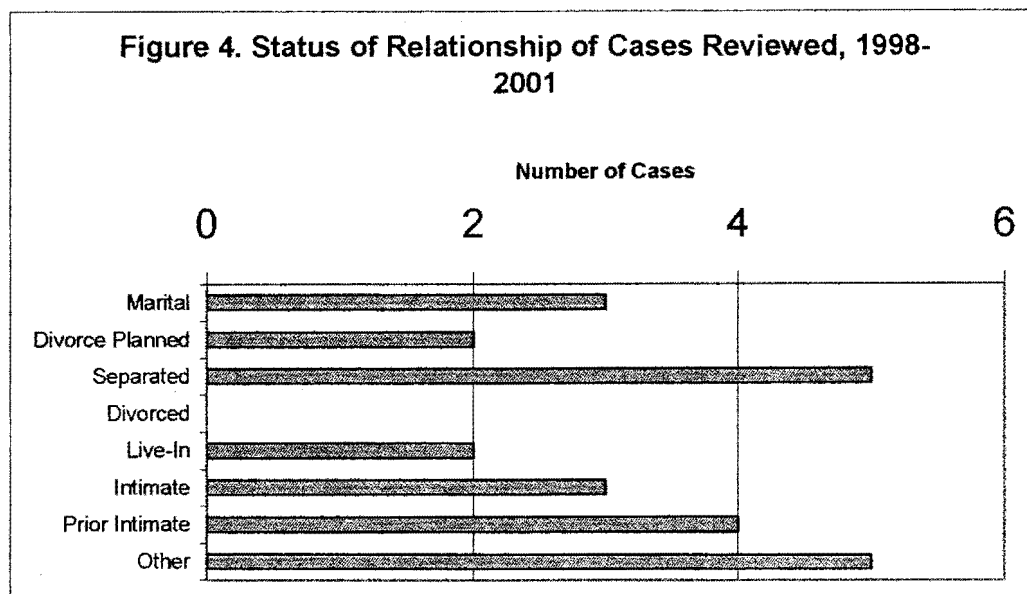
The victims of cases reviewed in 2001 ranged in age from 19 to 63 and comprised five females and two males. All but one of the perpetrators were male.

The relationships between the victim and the perpetrator were varied, both in type and length of relationship. Two cases of the 2001 cases reviewed involved people who became victims because they were with the estranged spouse. In one case, a sister was killed and in another case a friend of the family

was killed while assisting in the separation process. The intimate partner relationships are depicted as follows:

- Two marital relationships
- One marital relationship in the process of separating
- One prior romantic relationship that had recently terminated
- One sexual partner

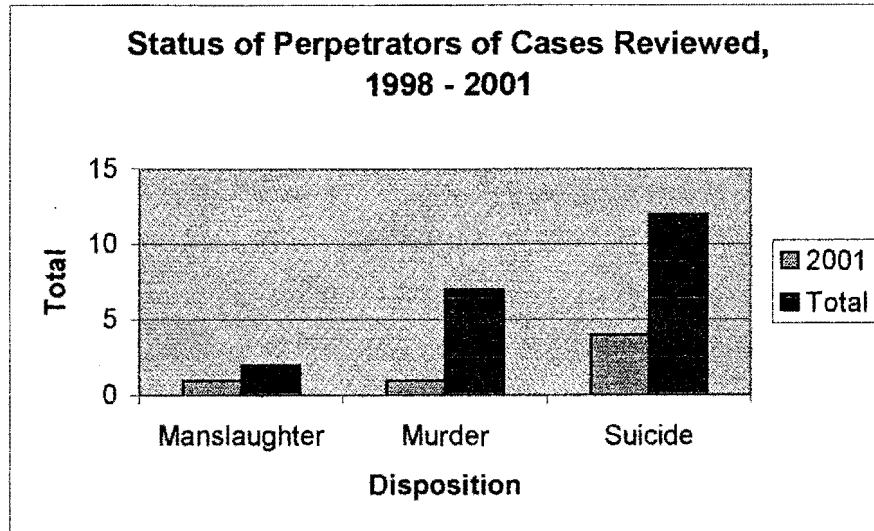
From the data reflected in Figure 4, 57% of victims had terminated the relationship or were in the process of leaving and 42% had an on-going relationship.



For the 2001 cases reviewed, the lengths of relationships that preceded the homicides ranged from a one year to 38 years. The two cases that had never had a marital relationship were approximately one year in duration; two cases had relationships in the four to six year range; and, two cases had long-term relationships of 38 years. Four of the perpetrators of the cases reviewed in 2001 committed suicide. Two perpetrators were convicted with the following dispositions:

- Murder, sentenced to 45 years.
- Manslaughter and sentenced to 6 years imprisonment and 6 years probation.

There were a total of 21 cases reviewed with a total of 24 victims since 1998. The status of the perpetrators is depicted in figure 3 for both 2001 and for all the cases reviewed. Of all the cases reviewed from 1998 – 2001, fifty-seven percent of the perpetrators committed suicide after killing their partners and/or other victims.



CHILDREN

It is important to pay particular attention to the children affected by domestic violence homicides. For cases reviewed in 2001, two of the six victims had minor children. In one of the cases, the victim did not have custody of her minor child, but in the other case the victim was the custodial parent. Exposure to domestic violence has far-reaching consequences for children. From the total number of cases reviewed since 1998, thirteen children were left without a parent. Whether as a witness or a victim of domestic violence, the impact of domestic violence is devastating to children.

USE OF SERVICES/INTERVENTIONS

In one of the relationships, both victim and perpetrator had received services from domestic violence programs, the victim had used a shelter and the batterer had completed a Batterer's Intervention Program (BIP) in 1998 in response to a previous domestic abuse incident against another partner. It is surprising that less than 25% of the victims made contact with a domestic violence project concerning their abuse.

MEDICAL/MENTAL HEALTH INTERVENTIONS

Of those cases reviewed this year, three of the six cases indicated some form of mental health intervention (i.e. marriage counseling , substance abuse treatment, treatment for depression). In three of the cases, there were issues of substance abuse. Looking at all cases reviewed, the majority of cases indicated that mental health treatment was sought or received and over half of the cases had apparent substance abuse issues for either the victim, the perpetrator or both.

POLICE INTERVENTION / CRIMINAL CONVICTIONS

In four of the six cases, there had been contact with the police that included prior domestic violence convictions including two cases with former intimate partners. Seventy-one percent of all cases reviewed had some prior police and prosecution involvement, many cases involving prior violent crimes.

PROTECTION FROM ABUSE

Of the cases reviewed in 2001, only one case had a Protection from Abuse order, which was in effect at the time of the homicide. Looking at all cases reviewed, only two cases had protection orders in effect at the time of the homicide and in only four cases the defendants had a protection order or cease harassment order issued against them.

PUBLIC AWARENESS

In all of the cases that the panel has reviewed there was some awareness by family, friends or coworkers of prior abuse by the perpetrator. Some of the signs ranged from observing controlling behavior to fear of an imminent homicide. In some cases there was a lack of recognition of the potential lethality of the situation or a lack of awareness of resources to offer the victim. In other cases, people assisted in getting protection orders or provided other help with separation and referral to domestic violence programs. It is important to note that there were family and friends who risked or lost their lives while assisting domestic violence victims.

RECOMMENDATIONS

These recommendations are a compilation of recommendations since we began reviewing cases in 1998. The Panel's recommendations have been targeted to specific sectors within state government and other entities to improve the response to domestic violence within and among the agencies that deal with domestic violence through public policy development and systems improvements. As stated in last year's report, we had hoped to report on progress from each of the entities identified in the report. Although we have noted some progress, our lack of staff has impeded our ability to follow-up as we would like. Given the change in administration of the panel and the fact that we will now be reporting biennially, it is our plan to report on the status of these recommendations as part of the next annual report. The Panel will follow up and refer these recommendations to the various Commissioners and other appropriate entities.

LABOR

1. Information on domestic violence awareness, prevention and intervention needs to be available as a resource for small businesses. Many times employers and co-workers see the symptoms of domestic violence, but do not know how to intervene. This may be due to lack of resources or just a lack of information on how to address the problem. The recent initiative of the Governor's Office and the Maine Coalition to End Domestic Violence, Maine Employers Against Domestic Violence, has played a role in addressing this gap by encouraging both small and large employers in the State of Maine to create policies and to disseminate information to employees about domestic violence prevention and intervention strategies. The panel recommends that this initiative continue.

HEALTH

It is clear that often the earliest possible intervention point that a victim may have is through contacts with the medical community. The large majority of these contacts are for medical complaints that are or may appear to be unrelated to the domestic violence issue or domestic violence may be an underlying cause for the medical contact but the relationship is obscure. Therefore the committee feels routine screening for

domestic violence needs to be institutionalized into medical office and hospital systems. When routine screening reveals the presence of domestic violence in the experience of the patient, medical units must have educational and service resource information available to hand to inform the the patient of options and services available in the community. Physician and medical staff training to properly screen all patients in a safe way is critical to the health and safety of victims of domestic violence. Interventions by unskilled health care workers can negatively impact the safety of the victim.

2. The four recommendations for the medical/health field are:
 - a. Effective and safe domestic violence screening must be institutionalized into all outpatient and inpatient medical settings.
 - b. Discharge planning and follow-up should include information to enhance the safety of victims and their children.
 - c. Continuing medical education must be strongly encouraged and be made easily available to medical personnel: re. 1) Proper screening, examination, forensic documentation, and intervention for victim safety.
2) The use of psychoactive medication that may over-medicate victims and mask the signs of domestic violence. Evaluation for domestic violence must precede instituting psychoactive medications.
 - d. Training for medical personnel on forensic reporting.
3. Information on teen dating violence needs to be available where teens are likely to go for other information, especially at health care clinics where teens go for information on health issues and birth control. The Panel recommends that the Bureau of Heath – Division of Maternal & Child Health coordinate efforts to provide developmentally appropriate information on teen dating violence at these places.

CORRECTIONS

During the course of our reviews, there were victims who had been convicted of crimes. The panel recommends that steps be taken by state correctional facilities to provide information to victims of domestic abuse.

4. Programs for women in correctional facilities should focus on domestic violence issues including:
 - a. Domestic violence screening for women who are admitted to state correctional facilities.
 - b. Integration of domestic violence education into parental training programs that are offered in correctional facilities.
5. Probation with intensive supervision to ensure offender accountability.
6. Specialized domestic violence probation officers who have a reasonable caseload should be available in every region of the state to ensure offender accountability.
7. Standards for Batterer Intervention Programs should be reviewed to address the issue of accountability of batterers. The issue of participants attending versus participating should be specifically addressed.

LEGISLATIVE

8. Modification of existing laws to ensure forfeiture of guns used in the commission of a domestic violence related crime. This recommendation was partially accomplished with the passage of 17-A M.R.S.A § 1158, which requires forfeiture of a firearm used in a homicide.
9. Support legislation to require Pre-Sentence Investigations for the third domestic violence conviction.
10. Legislation to allow the court to remove any weapon from the defendant as part of interim or emergency relief under the Protection From Abuse Act.
11. Reconcile state and federal laws regarding gun issues, especially black powder guns.

Recommendations 9-11 have been incorporated into the recommendations of the Commission to Study Domestic Violence

JUDICIAL & PROSECUTORIAL

12. The next Sentencing Institute should address the issue domestic violence particularly as it relates to the issue of sentences imposed for violations of probation, crimes of violence, and Protection from Abuse Orders.
13. Prosecutors should recommend that Pre-Sentence Investigations (PSIs) for domestic violence convictions include a dangerousness assessment.
14. The State Forensic Service should work in conjunction with Batterers Intervention Programs and the Maine Coalition to End Domestic Violence to develop and train forensic examiners on domestic violence dangerousness assessment to ensure that domestic violence is incorporated as one of the standards.

PUBLIC SAFETY

15. Examine the issue of guns used in domestic violence and other gun related crimes.
16. Research and develop model policies on the following:
 - a. Removal of guns in circumstances of domestic violence, particularly when a Protection From Abuse order has been ordered.
 - b. Having two officers present when the victim's belongings are being retrieved, to the extent possible.
 - c. Not having the victim and the perpetrator present at the same location when personal property is being retrieved.
17. Police Departments should establish a mechanism to have cases reviewed by a Domestic Violence Coordinator to assess whether the case was handled appropriately.
18. The issue of safety of children in domestic abuse cases should be addressed in policy.
19. There should be domestic violence training for correctional officers.

20. Police departments should establish a process that encourages the understanding of the dynamics involved in domestic violence particularly with regard to cases involving multiple contacts with the Department. The state police has recently enacted the following policy which could be a model for other departments:

"The nature and seriousness of crimes committed between "family or household members" should not be minimized because of relationships or living arrangements of those involved, their socioeconomic status or repeated calls for service of a similar nature. Due to the volatility and risk of violence inherent in domestic abuse cases, each of them demands law enforcement response and intervention. The predominant aggressor should be identified and arrested pursuant to and as required by Maine law."

MAINE COALITION TO END DOMESTIC VIOLENCE

21. Resources for existing programs should be explored and training for domestic violence advocates should be developed for improved communication with law enforcement and the courts.
22. Identify barriers and explore cultural sensitivity that prevents victims of domestic abuse from utilizing services.
23. A handbook for the media on the reporting of domestic and sexual abuse crimes needs to be developed. The Rhode Island handbook can be used as a model.

HUMAN SERVICES

24. The Department of Human Services should coordinate or fund public awareness and education, to include:
- a. Cross-disciplinary training with homeless, medical and mental health providers; and,
 - b. Public education including a media campaign to address the issue of awareness of domestic violence, the resources available and the importance of safety planning.
 - c. Training for the clergy, which is currently being planned. Working with the Maine Council of Churches to include domestic violence as an issue to be discussed in pre-marital counseling programs.

MAINE STATE HOUSING

25. Continue to address the need for housing options for domestic violence victims and their families including transitional housing and shelters.

CONCLUSION

Into its fourth year of reviewing cases, the Homicide Review Panel has further refined the process of looking at cases with a broad perspective offered by the multi-disciplinary panel. We continue to direct recommendations to particular entities within state government or the community that have a role in working with victims of domestic violence. These recommendations can then be used by the designated agency for possible action. Once again, follow-up actions of the Panel has not been as robust as we would have liked but we are continuing to work towards implementation of the stated recommendations. The Maine Commission on Domestic and Sexual Abuse, along with the Office of the Attorney General and the agencies of state government involved with the Panel will continue to encourage implementation of the policy issues addressed by the panel.